

STATE OF HAWAII

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF HEALTH

FILE
NUMBER 151

61 10641

1a. Child's First Name (Type or print) BARACK			1b. Middle Name HUSSEIN			1c. Last Name OBAMA, II		
2. Sex Male	3. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	4. If Twin or Triplet, Was Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		5a. Birth Date August	Month August	Day 4,	Year 1961	5b. Hour / 7:24 P.M.
6a. Place of Birth: City, Town or Rural Location Honolulu						6b. Island Oahu		
6c. Name of Hospital or Institution (If not in hospital or institution, give street address) Kapiolani Maternity & Gynecological Hospital					6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
7a. Usual Residence of Mother: City, Town or Rural Location Honolulu				7b. Island Oahu		7c. County and State or Foreign Country Honolulu, Hawaii		
7d. Street Address 6085 Kalaniana'ole Highway					7e. Is Residence Inside City or Town Limits? If no, give judicial district Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
7f. Mother's Mailing Address						7g. Is Residence on a Farm or Plantation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8. Full Name of Father BARACK			HUSSEIN			9. Race of Father African		
10. Age of Father 25		11. Birthplace (Island, State or Foreign Country) Kenya, East Africa		12a. Usual Occupation Student		12b. Kind of Business or Industry University		
13. Full Maiden Name of Mother STANLEY			ANN			14. Race of Mother Caucasian		
15. Age of Mother 18		16. Birthplace (Island, State or Foreign Country) Wichita, Kansas		17a. Type of Occupation Outside Home During Pregnancy None		17b. Date Last Worked 0		
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant <i>Ann Dunham Obama</i>				Parent <input checked="" type="checkbox"/> Other <input type="checkbox"/>		18b. Date of Signature 8-7-61
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant <i>David A. Dunham</i>				M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>		19b. Date of Signature 8-8-61
20. Date Accepted by Local Reg. AUG - 8 1961		21. Signature of Local Registrar <i>U. Lee</i>				22. Date Accepted by Reg. General AUG - 8 1961		
23. Evidence for Delayed Filing or Alteration								

I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

APR 25 2011

Alvin T. Onaka, Ph.D.
STATE REGISTRAR